

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

In re:	§	
	§	
MEEHAN, JONATHAN S.	§	Case No. 15-22996
KASTNER, KRISTIN R.	§	
	§	
	§	
Debtors	§	

TRUSTEE'S FINAL REPORT (TFR)

The undersigned trustee hereby makes this Final Report and states as follows:

1. A petition under chapter 7 of the United States Bankruptcy Code was filed on 07/03/2015 . The undersigned trustee was appointed on 07/03/2015 .
2. The trustee faithfully and properly fulfilled the duties enumerated in 11 U.S.C. §704.
3. All scheduled and known assets of the estate have been reduced to cash, released to the debtor as exempt property pursuant to 11 U.S.C. § 522, or have been or will be abandoned pursuant to 11 U.S.C. § 554. An individual estate property record and report showing the disposition of all property of the estate is attached as **Exhibit A**.

4. The trustee realized gross receipts of \$ 78,500.00

Funds were disbursed in the following amounts:

Payments made under an interim disbursement	0.00
Administrative expenses	9.28
Bank service fees	634.44
Other payments to creditors	50,937.16
Non-estate funds paid to 3 rd Parties	0.00
Exemptions paid to the debtor	14,000.00
Other payments to the debtor	0.00
Leaving a balance on hand of ¹	\$ 12,919.12

¹ The balance of funds on hand in the estate may continue to earn interest until disbursed. The interest earned prior to disbursement will be distributed pro rata to creditors within each priority category. The trustee may receive additional compensation not to exceed the maximum compensation set forth under 11 U.S.C. §326(a) on account of the disbursement of the additional interest.

The remaining funds are available for distribution.

5. Attached as **Exhibit B** is a cash receipts and disbursements record for each estate bank account.

6. The deadline for filing non-governmental claims in this case was 12/02/2015 and the deadline for filing governmental claims was 12/30/2015 . All claims of each class which will receive a distribution have been examined and any objections to the allowance of claims have been resolved. If applicable, a claims analysis, explaining why payment on any claim is not being made, is attached as **Exhibit C**.

7. The Trustee's proposed distribution is attached as **Exhibit D**.

8. Pursuant to 11 U.S.C. § 326(a), the maximum compensation allowable to the trustee is \$ 6,475.00 . To the extent that additional interest is earned before case closing, the maximum compensation may increase.

The trustee has received \$ 0.00 as interim compensation and now requests a sum of \$ 3,500.00 , for a total compensation of \$ 3,500.00 ². In addition, the trustee received reimbursement for reasonable and necessary expenses in the amount of \$ 0.00 , and now requests reimbursement for expenses of \$ 6.00 , for total expenses of \$ 6.00 ².

Pursuant to Fed R Bank P 5009, I hereby certify, under penalty of perjury, that the foregoing report is true and correct.

Date: 06/15/2016 By: /s/Elizabeth C Berg, Trustee
Trustee

STATEMENT: This Uniform Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.

² If the estate is administratively insolvent, the dollar amounts reflected in this paragraph may be higher than the amounts listed in the Trustee's Proposed Distribution (Exhibit D).

FORM 1
 Document Page 3 of 12
 INDIVIDUAL ESTATE PROPERTY RECORD AND REPORT

ASSET CASES

Page: 1
 Exhibit A

Case No: 15-22996 DRC Judge: DONALD R. CASSLING
 Case Name: MEEHAN, JONATHAN S.
 KASTNER, KRISTIN R.
 For Period Ending: 05/12/16

Trustee Name: Elizabeth C Berg, Trustee
 Date Filed (f) or Converted (c): 07/03/15 (f)
 341(a) Meeting Date: 07/27/15
 Claims Bar Date: 12/02/15

1	2	3	4	5	6
Asset Description (Scheduled and Unscheduled (u) Property)	Petition/ Unscheduled Values	Estimated Net Value (Value Determined by Trustee, Less Liens, Exemptions, and Other Costs)	Property Formally Abandoned OA=554(a) Abandon	Sale/Funds Received by the Estate	Asset Fully Administered (FA)/ Gross Value of Remaining Assets
1. 683 Fieldcrest Drive, Unit B South Elgin, IL 60177 Stay lifted per order 7/31/15 [dkt 19]	80,000.00	0.00		0.00	FA
2. 629 N. Water Street South Elgin, IL (1/2) interest Stay lifted 10/9/15 [dkt 40]	45,000.00	0.00		0.00	FA
3. Furnishings of 2 bedroom condominium	300.00	0.00		0.00	FA
4. Clothing for 2 adults	200.00	0.00		0.00	FA
5. USPS Thrift Savings Plan 401k	24,890.54	0.00		0.00	FA
6. Meehan Ventures, LLC d/b/a Nella's Beef 818 McLean	0.00	0.00		0.00	FA
7. 2003 Ford Explorer	1,700.00	0.00		0.00	FA
8. 2011 Nissan Murano	14,000.00	0.00		0.00	FA
9. Proceeds from personal injury lawsuits	110,000.00	78,339.80		78,500.00	FA
10. Tax Refund (u)	3,500.00	0.00		0.00	FA

				Gross Value of Remaining Assets
TOTALS (Excluding Unknown Values)	\$279,590.54	\$78,339.80	\$78,500.00	\$0.00
				(Total Dollar Amount in Column 6)

Major activities affecting case closing which are not reflected above, and matters pending, date of hearing or sale, and other action:

May 6, 2016: Trustee reviewed claims; Trustee recovered turnover from lien creditor of funds distributed per order
 12/4/15 [dkt 46] whose claim was satisfied outside of bankruptcy estate; Trustee prepared TFR

January 26, 2016: bar date passed; Trustee to review claims and prepare TFR

October 9, 2015: Trustee recovered net settlement proceeds from an insurance claim on account of Debtors' pre-petition

INDIVIDUAL ESTATE TRUST RECORD AND REPORT

ASSET CASES

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Exhibit A

Case No: 15-22996 DRC Judge: DONALD R. CASSLING
Case Name: MEEHAN, JONATHAN S.
KASTNER, KRISTIN R.

Trustee Name: Elizabeth C Berg, Trustee
Date Filed (f) or Converted (c): 07/03/15 (f)
341(a) Meeting Date: 07/27/15
Claims Bar Date: 12/02/15

automobile accident. Trustee reviewed the validity of liens asserted against the settlement proceeds and filed a motion to allow and pay the valid health care lien claims. The claims bar date expires at the end of December 2015 for governmental units and at the beginning of December for general unsecured claims. Trustee will verify no additional assets available for administration, will conduct a claims review upon expiration of the claims bar date and then will file her TFR.

Initial Projected Date of Final Report (TFR): 06/30/16

Current Projected Date of Final Report (TFR): 06/30/16

ESTATE CASH RECEIPTS AND DISBURSEMENTS RECORD

Page: 1
Exhibit B

Case No: 15-22996 -DRC
Case Name: MEEHAN, JONATHAN S.
KASTNER, KRISTIN R.
Taxpayer ID No: *****6592
For Period Ending: 05/12/16

Trustee Name: Elizabeth C Berg, Trustee
Bank Name: Associated Bank
Account Number / CD #: *****6518 Checking Account

Blanket Bond (per case limit): \$ 5,000,000.00
Separate Bond (if applicable):

1	2	3	4		5	6	7
Transaction Date	Check or Reference	Paid To / Received From	Description Of Transaction	Uniform Tran. Code	Deposits (\$)	Disbursements (\$)	Account / CD Balance (\$)
07/15/15		LAW OFFICES OF SAL INDOMENICO & ASSOC. CLIENT FUNDS ACCOUNT 161 N. CLARK STREET, STE. 2575 CHICAGO, IL 60601	BALANCE FORWARD PERSONAL INJURY SETTLEMENT	1142-000	78,500.00		0.00 78,500.00
07/15/15	9	Asset Sales Memo:	Proceeds from personal injury lawsuits \$78,500.00				78,500.00
08/07/15		ASSOCIATED BANK	Bank Service Fee	2600-000		60.22	78,439.78
09/08/15		Associated Bank	BANK SERVICE FEE	2600-000		116.60	78,323.18
10/07/15		Associated Bank	BANK SERVICE FEE	2600-000		112.70	78,210.48
11/06/15		Associated Bank	BANK SERVICE FEE	2600-000		116.28	78,094.20
12/07/15		Associated Bank	BANK SERVICE FEE	2600-000		112.36	77,981.84
12/09/15	001001	BCBS-IL (Blue Cross Blue Shield of IL) c/o Gibson & Sharps 9420 Bunsen Pkwy Suite 250 Louisville, KY 40220	Health Ins - Subrogation Lien Claim HCSC 8888865-8884098 Jonathan Meehan Allowed, in full satisfaction of claim #1 filed, per Court Order dated 12/4/2015 [dkt 46]	4210-000		26,166.67	51,815.17
12/09/15	001002	ADVOCATE HEALTH AND HOSPITALS c/o JAME T. GATELY 8233 W. 185TH STREET TINLEY PARK, IL 60487	HEALTH CARE LIEN Allowed per Court Order dated December 4, 2015 [dkt 46]	4210-000		12,414.97	39,400.20
12/09/15	001003	MARIANOJOY, INC 26W171 ROOSEVELT RD WHEATON, IL 60187	HEALTH CARE LIEN Allowed, in full satisfaction of claim #9 filed, per Court Order dated December 4, 2015 [dkt 46]	4210-000		668.36	38,731.84
12/09/15	001004	HINSDALE ORTHOPAEDIC ASSOCIATES, S.C. PO BOX 914 LAGRANGE, IL 60525	HEALTH CARE LIEN Allowed per Court Order dated December 4, 2015 [dkt 46]	4210-000		11,687.16	27,044.68
12/09/15	001005	ADVOCATE MEDICAL GROUP c/o JAMES T. GATELY 8233 W. 185TH STREET	HEALTH CARE LIEN Allowed per Court Order dated December 4, 2015 [dkt 46]	4210-000		1,396.17	25,648.51

Page Subtotals 78,500.00 52,851.49

ESTATE CASH RECEIPTS AND DISBURSEMENTS RECORD

Case No: 15-22996 -DRC
Case Name: MEEHAN, JONATHAN S.
KASTNER, KRISTIN R.
Taxpayer ID No: *****6592
For Period Ending: 05/12/16

Trustee Name: Elizabeth C Berg, Trustee
Bank Name: Associated Bank
Account Number / CD #: *****6518 Checking Account

Blanket Bond (per case limit): \$ 5,000,000.00
Separate Bond (if applicable):

1	2	3	4		5	6	7
Transaction Date	Check or Reference	Paid To / Received From	Description Of Transaction	Uniform Tran. Code	Deposits (\$)	Disbursements (\$)	Account / CD Balance (\$)
12/09/15	001006	TINLEY PARK, IL 60487 JONATHAN MEEHAN KRISTIN KASTNER 367 STONINGTON PLACE SOUTH ELGIN, IL 60177	DEBTORS' EXEMPTION Allowed in full satisfaction of claimed exemptions per Court Order dated December 4, 2015 [dkt 46]	8100-000		14,000.00	11,648.51
01/08/16		Associated Bank	BANK SERVICE FEE	2600-000		83.00	11,565.51
02/05/16		Associated Bank	BANK SERVICE FEE	2600-000		17.22	11,548.29
02/16/16	001007	Adams-Levine 370 Lexington Avenue Suite 1101 Ne York NY 10017	2016 Bond Premium	2300-000		9.28	11,539.01
03/07/16		Associated Bank	BANK SERVICE FEE	2600-000		16.06	11,522.95
05/03/16		ADVOCATE HEALTH CARE C/O JPMORGAN CHASE BANK, N.A. CHICAGO, ILLINOIS	REFUND OF CLAIM - OVERPAYMENT Refund of check 1005	4210-000		-1,396.17	12,919.12

COLUMN TOTALS	78,500.00	65,580.88	12,919.12
Less: Bank Transfers/CD's	0.00	0.00	
Subtotal	78,500.00	65,580.88	
Less: Payments to Debtors		14,000.00	
Net	78,500.00	51,580.88	
TOTAL - ALL ACCOUNTS	NET DEPOSITS	NET DISBURSEMENTS	ACCOUNT BALANCE
Checking Account - *****6518	78,500.00	51,580.88	12,919.12
	78,500.00	51,580.88	12,919.12
(Excludes Account Transfers)	(Excludes Payments To Debtors)	Total Funds On Hand	

Page Subtotals 0.00 12,729.39

ESTATE CASH RECEIPTS AND DISBURSEMENTS RECORD

Case No: 15-22996 -DRC
Case Name: MEEHAN, JONATHAN S.
KASTNER, KRISTIN R.
Taxpayer ID No: *****6592
For Period Ending: 05/12/16

Trustee Name: Elizabeth C Berg, Trustee
Bank Name: Associated Bank
Account Number / CD #: *****6518 Checking Account

Blanket Bond (per case limit): \$ 5,000,000.00
Separate Bond (if applicable):

1	2	3	4		5	6	7
Transaction Date	Check or Reference	Paid To / Received From	Description Of Transaction	Uniform Tran. Code	Deposits (\$)	Disbursements (\$)	Account / CD Balance (\$)

Checking Account - *****6518

Page Subtotals 0.00 0.00

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EXHIBIT C
ANALYSIS OF CLAIMS REGISTER

Date: May 12, 2016

Case Number: 15-22996

Claim Class, Priority Sequence

Debtor Name: MEEHAN, JONATHAN S.

Code #	Creditor Name & Address	Claim Class	Notes	Scheduled	Claimed	Allowed
001 2100-00	Elizabeth C. Berg, Trustee c/o Baldi Berg, Ltd. 20 N. Clark Street #200 Chicago IL 60602	Administrative		\$0.00	\$3,500.00	\$3,500.00
001 3110-00	Baldi Berg, Ltd. 20 N. Clark Street, Ste. 200 Chicago, IL 60602	Administrative		\$0.00	\$5,000.00	\$5,000.00
001 3120-00	Baldi Berg, Ltd. 20 N. Clark Street, Ste. 200 Chicago, IL 60602	Administrative		\$0.00	\$72.27	\$72.27
001 2200-00	Elizabeth C. Berg, Trustee c/o Baldi Berg, Ltd. 20 N. Clark Street #200 Chicago IL 60602	Administrative		\$0.00	\$6.00	\$6.00
BOND 999 2300-00	Adams-Levine 370 Lexington Avenue Suite 1101 Ne York NY 10017	Administrative		\$0.00	\$9.28	\$9.28
Subtotal for Class Administrative				\$0.00	\$8,587.55	\$8,587.55
000002 070 7100-00	Discover Bank Discover Products Inc PO Box 3025 New Albany, OH 43054-3025	Unsecured		\$10,911.47	\$11,366.29	\$11,366.29
000003 070 7100-00	Springleaf Financial Services P.O. Box 3251 Evansville, IN 47731-3251	Unsecured		\$3,800.00	\$2,830.53	\$2,830.53
000004 070 7100-00	Navient Solutions Inc. Po Box9640 Wilkes-Barre, PA 18773-9640	Unsecured		\$12,734.69	\$8,129.21	\$8,129.21
000005 070 7100-00	Navient Solutions Inc. Po Box9640 Wilkes-Barre, PA 18773-9640	Unsecured		\$0.00	\$4,629.99	\$4,629.99
000006 070 7100-00	American InfoSource LP as agent for Presence Health PO Box 248838 Oklahoma City, OK 73124-8838	Unsecured		\$64,737.41	\$64,737.41	\$64,737.41
000007 070 7100-00	American InfoSource LP as agent for Presence Health PO Box 248838 Oklahoma City, OK 73124-8838	Unsecured		\$16,966.66	\$16,966.66	\$16,966.66
000008 070 7100-00	American InfoSource LP as agent for Presence Health PO Box 248838 Oklahoma City, OK 73124-8838	Unsecured		\$125.00	\$125.00	\$125.00

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EXHIBIT C
ANALYSIS OF CLAIMS REGISTER

Date: May 12, 2016

Case Number: 15-22996
Debtor Name: MEEHAN, JONATHAN S.

Claim Class, Priority Sequence

Code #	Creditor Name & Address	Claim Class	Notes	Scheduled	Claimed	Allowed
000010 070 7100-00	Capital One, N.A. c/o Becket and Lee LLP POB 3001 Malvern, PA 19355-0701	Unsecured (10-1) CREDIT CARD DEBT		\$0.00	\$1,026.28	\$1,026.28
000011 070 7100-00	Capital Recovery V, LLC c/o Recovery Management Systems Corporat 25 SE 2nd Avenue Suite 1120 Miami FL 33131-1605	Unsecured (11-1) TJX REWARDS MASTERCARD		\$1,982.06	\$2,061.71	\$2,061.71
000012 070 7100-00	Capital Recovery V, LLC c/o Recovery Management Systems Corporat 25 SE 2nd Avenue Suite 1120 Miami FL 33131-1605	Unsecured (12-1) LOWES CONSUMER		\$1,387.93	\$1,412.93	\$1,412.93
000013 070 7100-00	Capital Recovery V, LLC c/o Recovery Management Systems Corporat 25 SE 2nd Avenue Suite 1120 Miami FL 33131-1605	Unsecured (13-1) SAM'S CLUB MASTERCARD		\$0.00	\$3,438.04	\$3,438.04
000014 070 7100-00	Capital Recovery V, LLC c/o Recovery Management Systems Corporat 25 SE 2nd Avenue Suite 1120 Miami FL 33131-1605	Unsecured (14-1) AMERICAN EAGLE		\$593.97	\$1,144.69	\$1,144.69
Subtotal for Class Unsecured				\$113,239.19	\$117,868.74	\$117,868.74
000001 050 4210-00	Blue Cross Blue Shield of Illinois 3200 Robbins Road Springfield, IL 62704	Secured Claim allowed in reduced amount as medical lien and authorized to be paid per order 12/4/15 [dkt 46]; balance of claim disallowed		\$30,371.87	\$31,409.60	\$26,166.67
000009 050 4210-00	Marianjoy Rehabilitation Hospital 26W171 Roosevelt Rd Wheaton, IL 60187	Secured Claim allowed in reduced amount as medical lien and authorized to be paid per order 12/4/15 [dkt 46]		\$23,088.66	\$750.00	\$668.36
Subtotal for Class Secured				\$53,460.53	\$32,159.60	\$26,835.03
Case Totals:				\$166,699.72	\$158,615.89	\$153,291.32

Code #: Trustee's Claim Number, Priority Code, Claim Type

TRUSTEE'S PROPOSED DISTRIBUTION

Exhibit D

Case No.: 15-22996

Case Name: MEEHAN, JONATHAN S.

KASTNER, KRISTIN R.

Trustee Name: Elizabeth C Berg, Trustee

Balance on hand \$ 12,919.12

Claims of secured creditors will be paid as follows:

Claim No.	Claimant	Claim Asserted	Allowed Amount of Claim	Interim Payment to Date	Proposed Payment
000001	Blue Cross Blue Shield of Illinois	\$ 31,409.60	\$ 26,166.67	\$ 26,166.67	\$ 0.00
000009	Marianjoy Rehabilitation Hospital	\$ 750.00	\$ 668.36	\$ 668.36	\$ 0.00

Total to be paid to secured creditors \$ 0.00

Remaining Balance \$ 12,919.12

Applications for chapter 7 fees and administrative expenses have been filed as follows:

Reason/Applicant	Total Requested	Interim Payments to Date	Proposed Payment
Trustee Fees: Elizabeth C Berg, Trustee	\$ 3,500.00	\$ 0.00	\$ 3,500.00
Trustee Expenses: Elizabeth C Berg, Trustee	\$ 6.00	\$ 0.00	\$ 6.00
Attorney for Trustee Fees: Baldi Berg, Ltd.	\$ 5,000.00	\$ 0.00	\$ 5,000.00
Attorney for Trustee Expenses: Baldi Berg, Ltd.	\$ 72.27	\$ 0.00	\$ 72.27
Other: Adams-Levine	\$ 9.28	\$ 9.28	\$ 0.00

Total to be paid for chapter 7 administrative expenses \$ 8,578.27

Remaining Balance \$ 4,340.85

Applications for prior chapter fees and administrative expenses have been filed as follows:

NONE

In addition to the expenses of administration listed above as may be allowed by the Court, priority claims totaling \$ 0.00 must be paid in advance of any dividend to general (unsecured) creditors.

Allowed priority claims are:

NONE

The actual distribution to wage claimants included above, if any, will be the proposed payment less applicable withholding taxes (which will be remitted to the appropriate taxing authorities).

Timely claims of general (unsecured) creditors totaling \$ 117,868.74 have been allowed and will be paid pro rata only after all allowed administrative and priority claims have been paid in full. The timely allowed general (unsecured) dividend is anticipated to be 3.7 percent, plus interest (if applicable).

Timely allowed general (unsecured) claims are as follows:

Claim No.	Claimant	Allowed Amount of Claim	Interim Payments to Date	Proposed Payment
000002	Discover Bank	\$ 11,366.29	\$ 0.00	\$ 418.60
000003	Springleaf Financial Services	\$ 2,830.53	\$ 0.00	\$ 104.24
000004	Navient Solutions Inc.	\$ 8,129.21	\$ 0.00	\$ 299.38
000005	Navient Solutions Inc.	\$ 4,629.99	\$ 0.00	\$ 170.51
000006	American InfoSource LP as agent for	\$ 64,737.41	\$ 0.00	\$ 2,384.14
000007	American InfoSource LP as agent for	\$ 16,966.66	\$ 0.00	\$ 624.85
000008	American InfoSource LP as agent for	\$ 125.00	\$ 0.00	\$ 4.60

Claim No.	Claimant	Allowed Amount of Claim	Interim Payments to Date	Proposed Payment
000010	Capital One, N.A.	\$ 1,026.28	\$ 0.00	\$ 37.80
000011	Capital Recovery V, LLC	\$ 2,061.71	\$ 0.00	\$ 75.93
000012	Capital Recovery V, LLC	\$ 1,412.93	\$ 0.00	\$ 52.03
000013	Capital Recovery V, LLC	\$ 3,438.04	\$ 0.00	\$ 126.62
000014	Capital Recovery V, LLC	\$ 1,144.69	\$ 0.00	\$ 42.15

Total to be paid to timely general unsecured creditors \$ 4,340.85

Remaining Balance \$ 0.00

Tardily filed claims of general (unsecured) creditors totaling \$ 0.00 have been allowed and will be paid pro rata only after all allowed administrative, priority and timely filed general (unsecured) claims have been paid in full. The tardily filed claim dividend is anticipated to be 0.0 percent.

Tardily filed general (unsecured) claims are as follows:

NONE

Subordinated unsecured claims for fines, penalties, forfeitures, or damages and claims ordered subordinated by the Court totaling \$ 0.00 have been allowed and will be paid pro rata only after all allowed administrative, priority and general (unsecured) claims have been paid in full. The dividend for subordinated unsecured claims is anticipated to be 0.0 percent.

Subordinated unsecured claims for fines, penalties, forfeitures or damages and claims ordered subordinated by the Court are as follows:

NONE